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# **Los Angeles County Department of Mental Health**

**HIPAA 837 Transaction Standard  
Companion Guide for IBHIS Claims  
Processing**

**Refers to the ASC X12 version 005010  
Implementation Guides**

**Disclosure Statement**

This document represents the Los Angeles County Department of Mental Health implementation instructions for HIPAA required transactions. It is believed to be compliant with all ASC X12 intellectual property requirement.

**2014 Los Angeles County Department of Mental Health**

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## DOCUMENT REVISION HISTORY

Version	Release Date	Comments/ Indicate Sections Revised
1.0	11/20/2013	Initial document release
1.1	12/04/2013	Section 5.3: Added info re ISA06, ISA08 Section 6.1: Added information re authorizations Section 9.1: Added examples
1.2	01/03/2014	Corrected typos Section 8.1: Corrected 1000B NM109 value Section 9: Corrected ISA02 and ISA04 for all examples

**Preface**

This Companion Guide to the version 005010 (v5010) ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Los Angeles County Department of Mental Health (LACDMH). Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide addresses specific DMH business process requirements for transmitting claim data to the LACDMH Integrated Behavioral Health Information System (IBHIS) system. In addition to the LACDMH business requirements, all 837 transactions transmitted from the providers to LACDMH must be compatible with the HIPAA requirements. It is assumed that trading partners are familiar with the HIPAA Implementation Guides and, as such, this guide does not attempt to instruct trading partners in the creation of an entire HIPAA transaction.

However, samples of entire transaction will be given to trading partners during registration/orientation process.

This Companion Guide is subject to change. Please visit our website for the latest version:

Legal Entities: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Guides.htm)

Fee-for-Service Providers: [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm)

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## **1 INTRODUCTION**

### **1.1 Scope**

This companion guide is intended to be used by Los Angeles County Department of Mental Health (LACDMH) contracted providers in support of the following ASC X12 transaction implementations mandated under HIPAA:

- ASC X12 Health Care Claim: Professional (837) as specified in guide 005010X222 and 005010X222A1 (837P)
- ASC X12 Health Care Claim: Institutional (837) as specific in guide 005010X223 and 005010X223A2 (837I)

These guides are available from ASC X12 at <http://store.X12.org/>

### **1.2 Overview**

Section 2 provides information about establishing a trading partner relationship with LACDMH.

Section 3 provides a Process Flow of the claiming transactions.

Section 4 identifies EDI related contacts within LACDMH.

Section 5 provides the LACDMH technical requirements for file exchange and the envelope segments.

Section 6 provides the LACDMH specific business rules and limitations.

Section 7 identifies the LACDMH acknowledgment transactions.

Section 8 provides the LACDMH requirements and usage for the 837 claiming transactions.

### **1.3 References**

This information must be used in conjunction with the ASC X12 implementation guides that are available at <http://store.X12.org/>

## **2 GETTING STARTED**

### **2.1 Trading Partner Registration**

Trading Partners

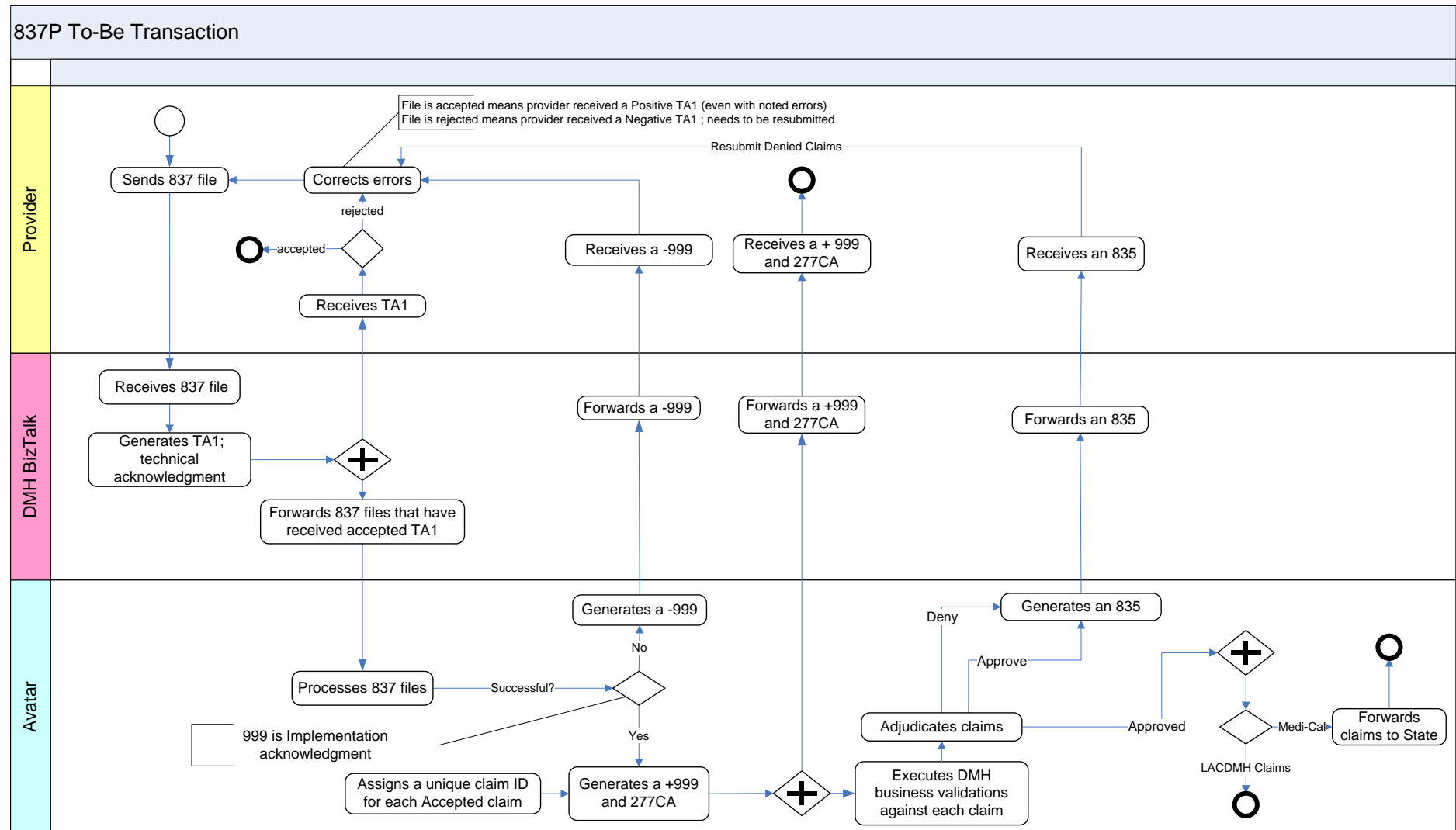
An EDI Trading Partner is defined as any LACDMH customer (provider, billing service, software vendor, financial institution, etc.) that transmits to, or receives from LACDMH any standardized electronic data (i.e. HIPAA claim or remittance advice transactions).

You can find additional information on registering for EDI:

Legal Entities: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_homepage.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_homepage.htm)

Fee-for-Service providers: [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm)

### 3 PROCESS FLOW



## 4 CONTACT INFORMATION

### 4.1 EDI Customer Service/Technical Assistance

LAC DMH Helpdesk – 213-351-1335

### 4.2 Provider Service Number

LAC DMH Helpdesk – 213-351-1335

### 4.3 Applicable websites/e-mail

IBHIS Legal Entity EDI Website: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_homepage.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_homepage.htm)

IBHIS Fee-for-Service Providers EDI Website: [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_homepage.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_homepage.htm)

Provider Manuals & Directories: [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)

## 5 FILE EXCHANGE/FILE STRUCTURE/CONTROL SEGMENTS

### 5.1 File Exchange

See the IBHIS Secure File Exchange Instructions for details on how to upload claim files and how to download the transaction response files. The instructions can be found on the following webpages:

Legal Entity: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Guides.htm)

Fee-for-Service: [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm)

### 5.2 File Requirements

837 claim files cannot contain carriage returns. The data must be wrapped as in a true EDI file.

### 5.3 ISA-IEA on Inbound transactions

Loop ID	Reference	Name	Notes/Comments
	ISA01	Authorization Information Qualifier	LACDMH expects '00'.
	ISA03	Security Information Qualifier	LACDMH expects '00'.
	ISA05	Interchange ID Qualifier	LACDMH expects '14'.
	ISA06	Interchange Sender ID	LACDMH expects the provider's Duns plus suffix. Enter the 9-digit DUNS number, followed by 6 spaces.
	ISA07	Interchange ID Qualifier	LACDMH expects '14'.
	ISA08	Interchange Receiver ID	Enter LA County's 9-digit DUNS number, followed by 6 spaces. The required value for LACDMH is '132486189 '.
	ISA16	Component Element Separator	In order to process procedure codes that contain modifiers, LACDMH only accepts ':' as the Component Element Separator

### 5.4 GS-GE on Inbound transactions

LACDMH accepts only one Functional Group per Interchange.

Loop ID	Reference	Name	Notes/Comments
	GS02	Application Sender's Code	Enter the 9-digit DUNS number, with no trailing spaces.
	GS03	Application Receiver's Code	Enter the 9-digit DUNS number, with no trailing spaces.



## 6 LACDMH BUSINESS RULES AND LIMITATIONS

### 6.1 Business rules for Inbound 837 Transactions

1. LACDMH requires an authorization for all services. There are 3 types of authorizations:
  - Provider Authorizations, or P-Auths, are specific to a Legal Entity/Contracting Provider and to a Funded Program/Funding Source. Generally, Provider Authorizations will cover a complete Fiscal Year. A report with a Legal Entity's Provider Authorizations will be included in the Legal Entity's EFT extracts.
    - Provider Authorizations begin with a 'P', followed by a number.
  - Member Authorizations are specific to a client and to a Contracting Provider. They authorize specific services for a specific duration of time. Member Authorizations are also tied to a Funded Program/Funding Source. The initiation of a Member Authorization will vary based on the type of services provided.
    - Day Treatment authorizations will be requested through ProviderConnect, a web portal to the IBHIS system. Providers will see the authorization number when they make the request, however the authorization cannot be used on claims until the authorization request has been approved. Providers will also be able to see the authorization status on ProviderConnect.
    - Member Authorizations are all numeric.
  - Funding Source Authorizations will be used by Fee-for-Service providers for under-threshold and medication support services. Under-threshold Funding Source authorizations will cover a four-month (trimester) period of time and providers will use a different Funding Source authorization for each trimester. Further information on which Funding Source authorization to use will be provided in Fee-for-Service Provider Bulletins.
    - Funding Source Authorizations begin with an 'F', followed by a number.
2. The Practitioner's Discipline will be determined based on the information stored in the IBHIS Practitioner/Performing Provider table.
3. The Practitioner's Taxonomy will be transmitted to the state based on the information stored in the IBHIS Practitioner Practitioner/Performing Provider table.
4. The Pregnancy Indicator will be transmitted to the state based on the information stored in the IBHIS Client Condition – Pregnancy table. EDI Providers will update the pregnancy information via Client Web Services or in the future Fee-for-Service providers will update client pregnancy information using ProviderConnect.
5. The Katie A. Demonstration Project Identifier will be transmitted to the state based on the Guarantor information stored in the IBHIS Financial Eligibility form. Katie A sub-class clients must be set up with the Katie A. MediCal Guarantor (#18) for all applicable time periods. EDI Providers will update the Financial Eligibility information via the Client Web Services or in the future Fee-for-Service providers will update Financial Eligibility information using ProviderConnect.
6. Claims for residential services must be reported using the 837 Professional format.
7. The Healthy Families SED indicator will be transmitted to the state based on the Guarantor information stored in the IBHIS Financial Eligibility form. Healthy Families clients should be set up with the MediCal Healthy Families Guarantor (#11). EDI Providers will update the financial eligibility information via the Client Web Services or in the future Fee-for-Service providers will update Financial Eligibility information using ProviderConnect.
8. Group claims - Refer to the explanation found in the Group Claim Bulletin located on the IBHIS EDI News/Alerts webpage: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_News.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_News.htm)

**ACKNOWLEDGEMENTS AND/OR REPORTS****7.1 Acknowledgements**

1. LACDMH returns an Interchange Acknowledgment (TA1) segment when requested, based on the value transmitted in ISA14.
2. LACDMH provides Implementation Acknowledgment transactions (999) for all inbound Functional Groups (i.e. 837s).
3. LACDMH provides the Health Care Claim Acknowledgment transaction (277CA) for all claims. Only accepted claims will be assigned an IBHIS claim ID.
4. LACDMH does not request the Interchange Acknowledgments (TA1) segment on outbound interchanges.
5. LACDMH accepts, but does not require or process, Implementation Acknowledgment (999) transactions for all outbound Functional Groups.

## 8 TRANSACTION SPECIFIC INFORMATION

### 8.1 HEALTH CARE CLAIM: PROFESSIONAL (837P)

Loop ID	Reference	Name	Codes	Notes/Comments
Beginning of Hierarchical Transaction				
	BHT02	Transaction Set Purpose Code	00	LACDMH expects to receive this code value.
	BHT06	Transaction Type Code	CH	LACDMH expects to receive this code value.
Submitter Name				
1000A	NM109	Submitter Identifier		Enter the 9-digit DUNS number, with no trailing spaces.
Receiver Name				
1000B	NM103	Receiver Name		LACDMH expects to receive 'LAC DEPARTMENT OF MENTAL HEALTH'
1000B	NM109	Receiver Primary Identifier		LACDMH expects to receive 'LACODMH'.
Billing Provider Specialty Information				
2000A	PRV03	Billing Provider Specialty Information		LACDMH adjudication is not impacted by the provider Taxonomy Code
SBR - Subscriber Information				
2000B	SBR01	Payer Responsibility Sequence Number		Set to the appropriate payment responsibility for the claim. The value will be the highest level following adjudication by a previous payer. For example, a Medi-Medi claim that contains the Medicare Other Payer loop will be represented as a Secondary claim when reported to LACDMH. A straight MediCal or Indigent claim will be represented as a Primary claim.
Subscriber Name				
2010BA	NM102	Entity Type Qualifier	1	A LACDMH subscriber is always a person.
2010BA	NM108	Identification Code Qualifier	MI	
2010BA	NM109	Subscriber Primary Identifier		The LACDMH subscriber identifier is an alpha numeric field comprised of 'MSO' concatenated with the ClientID. If the submitted value is invalid the claim will be rejected. Example: if the client ID is 12345, the subscriber primary identifier must be entered as 'MSO12345'.
Payer Name				
2010BB	NM103	Payer name		The destination payer is always LACDMH. LACDMH expects to receive 'LAC DEPARTMENT OF MENTAL HEALTH'
2010BB	NM108	Identification Code Qualifier	PI	LACDMH expects to receive this code value.
2010BB	NM109	Payer identifier		'953893470'
Claim Information				
2300	CLM01	Patient Control Number		LACDMH requires that this be a unique identifier.
2300	CLM05-1	Place of Service Code		If the place of service was via telephone, set this value to '11'.
2300	CLM05-3	Claim Frequency Code		DMH accepts Original, '1', Replacement, '7' and Void, '8' claim frequency codes.

Loop ID	Reference	Name	Codes	Notes/Comments
Share of Cost (SOC)				
2300	AMT01	Amount Qualifier Code	F5	
2300	AMT02	Patient Paid Amount		Patient SOC Amount obligated
Original Reference Number ICN/DCN				
2300	REF01	Reference ID Qualifier	F8	
2300	REF02	Claim Original Reference Number		<p>Replacement and Void claims can only be submitted after the claim has been adjudicated in IBHIS and the provider has received an 835 with the IBHIS assigned claim ID number.</p> <p>Report the IBHIS assigned claim identifier, for the claim to be replaced/voided in this field.</p>
<b>2320 SBR - Other Subscriber Information</b> Only submit the 2320 Other Subscriber Loop for payers that have previously adjudicated the claim and/or have financial responsibility on the claim <b>prior to being sent to LACDMH.</b>				
2320	SBR01	Payer Responsibility Sequence Number		Set to the appropriate payment responsibility for the claim.
AMT - Coordination of Benefits COB Payer Paid Amount				
2320	AMT01	Amount Qualifier Code	D	Use <b>D</b> to report amount paid by Medicare/OHC. This amount will be used for balancing processing. Must supply even if the amount is zero.
2320	AMT02	COB Payer Paid Amount		For Local Plan Contracted and FFS providers, that have previously sent claims and received remit advices from Medicare and/or private insurance, this field must be populated with the amount paid by Medicare and/or private insurance, even if it is zero.
NM1 - Other Payer Name				
2330B	NM109	Other Payer Primary Identifier		<p>Include the published Payer ID from the Guarantor dictionary if the value is provided. Otherwise leave blank. The Guarantor dictionary can be found in the <b>DMH IBHIS Dictionary Values</b> document located on the IBHIS Technical Specifications webpage:            Legal Entities:  <a href="http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Technical_Specifications.htm">http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Technical_Specifications.htm</a></p> <p>Fee-for-Service Providers:  <a href="http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Technical_Specifications.htm">http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Technical_Specifications.htm</a></p>

SV1 - Professional Service				
2400	SV101-02	Procedure Code		<p>Group claims - Refer to the explanation found in the Group Claim Bulletin located on the IBHIS EDI News/Alerts webpage: Legal Entities: <a href="http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_News.htm">http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_News.htm</a></p> <p>Fee-for-Service Providers: <a href="http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_News.htm">http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_News.htm</a></p>
2400	SV101-03 thru SV101-06	Procedure Code Modifier		<p>Refer to the Guide to Procedure Codes Manual located at <a href="http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals">http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals</a> for instruction on procedure code and modifier usage, including the modifiers for Duplicate Overrides (59 &amp; 76), Telephone (SC), Tele-psychiatry (GT) and/or County Funded (HX).</p> <p>Modifiers must follow any other procedure code/modifier combinations that are required per the Guide to Procedure Codes manual.</p> <p>See State DMH Info Notice 10-23 at <a href="http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-23.pdf">http://www.dmh.ca.gov/dmhdocs/docs/notices10/10-23.pdf</a> for further billing info on Telephone and Tele-psychiatry.</p>
2400	SV103	Unit or Basis of Measurement Code	UN MJ	Outpatient Services – use 'MJ' / Minutes Day Treatment – use 'UN' / Units Residential - instruction will be provided at a later date.
2400	SV104	Service Unit Count		<p>Set to the number of units or minutes. Use the procedure code that matches to the appropriate face to face time. Enter minutes as the total of face to face + other time.</p> <p>For Local Contract Provider Group claims, refer to the explanation found in the Group Claim Bulletin located on the IBHIS EDI News/Alerts webpage: <a href="http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_News.htm">http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_News.htm</a>.</p>
2400	SV109	Emergency Indicator	Y	SV109 is the Emergency Aid Code indicator. A 'Y' value indicates the client has an emergency aid code. If the client has no Emergency Aid code do not send.
REF - Prior Authorization				
2400	REF01	Prior Authorization Qualifier	G1	
2400	REF02	Prior Authorization Number		Report the Provider, Member or Fee-for-Service Authorization # in the Prior Authorization field.
NTE Claim Note				
2400	NTE01	Note Reference Code	DCP	Use DCP for reporting the Evidence Based Practice (EBP) code.

2400	NTE02	Claim Note Text		<p>Enter the primary EBP or Service Strategy. Any applicable EBP, other than 99-Unknown, should be prioritized over a Service Strategy.</p> <p>Enter only 1 code.</p> <p>Each code is 2-byte alpha-numeric.</p> <p>Alpha characters must be uppercase.</p> <p>All numeric codes must be 2 digits.</p> <p>Include a leading zero, if needed, to make a 2 digit code.</p> <p>Claims will reject if this segment is not present.</p>
CAS – Line Adjustment				
2430	CAS01 – CAS04	Claim Line Adjustments		<p>Required when the payer identified in Loop 2330B made payment adjustments which caused the amount paid to differ from the amount originally charged.</p> <p>Medicare/OHC adjustments must be reported at the Service Line level.</p>

## 8.2 HEALTH CARE CLAIM: INSTITUTIONAL (837I)

837I transaction specific information will be provided at a later date.

## 9 APPENDICES

### 9.1 837 EXAMPLES

#### 9.1.1 STRAIGHT MEDI-CAL

##### Interchange (L\_ISA)

ISA\*00\* \*00\* \*14\*996508079 \*14\*132486189  
\*131121\*0822\*!00501\*131121802\*1\*T\*~

##### Functional Group (L\_GS)

GS\*HC\*996508079\*132486189\*20131121\*082252\*131121802\*X\*005010X222A1~

##### Transaction 837P (837P)

ST\*837\*000000001\*005010X222A1~  
BHT\*0019\*00\*131121802A\*20131121\*082252\*CH~

##### Submitter Name (1000A)

NM1\*41\*2\*LE88333 FAMILY MENTAL HEALTH SERVICES CLINIC  
\*\*\*\*\*46\*996508079~<===Submitter's DUNS  
PER\*IC\*BILLING DEPARTMENT\*TE\*5554443333~

##### Receiver Name (1000B)

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

##### Billing Provider Hierarchical Level (2000A)

HL\*1\*\*20\*1~

##### Billing Provider Name (2010AA)

NM1\*85\*2\*1234Z FMHSC PGM-LOCATION-Z LE88333\*\*\*\*\*XX\*9926907927~<===Contracting  
Provider Program NPI  
N3\*305 GRANDE AVE STE 202~  
N4\*LOS ANGELES\*CA\*900024160~  
REF\*EI\*999916918~  
PER\*IC\*BILLING MANAGER\*TE\*5554443333~

##### Subscriber Hierarchical Level (2000B)

HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*11~<===LACDMH is the destination payer, it is Primary

##### Subscriber Name (2010BA)

NM1\*IL\*1\*MEDICALDOE\*MEDICALJOHN\*\*\*\*MI\*MSO9888331~<===Client's ID & 'MSO' is  
required  
N3\*613 8TH STREET~  
N4\*LOS ANGELES\*CA\*90012~  
DMG\*D8\*19860821\*M~

##### Payer Name (2010BB)

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~<===LACDMH Payer ID  
N3\*550 S Vermont Ave~  
N4\*Los Angeles\*CA\*90012~

##### Claim Information (2300)

CLM\*131121802A-01\*297.6\*\*\*11:B:1\*Y\*A\*Y\*I~  
HI\*BK:311~

##### Rendering Provider Name (2310B)

NM1\*82\*1\*BRIGHT\*FUTURO\*\*\*\*XX\*1899992078~<===Performing Provider NPI

**Service Line Number (2400)**

LX\*1~

SV1\*HC:90887\*297.6\*MJ\*120\*\*\*1~ ⬅====MJ for minutes

DTP\*472\*D8\*20131118~

REF\*G1\*P71~ ⬅====Provider Authorization number

NTE\*DCP\*01~ ⬅====EBP (Evidence Based Practice) Code

**Transaction 837P (837P)**

SE\*39\*000000001~

**Functional Group (L\_GS)**

GE\*1\*131121802~

**Interchange (L\_ISA)**

IEA\*1\*131121802~

**9.1.2 INDIGENT****Interchange (L\_ISA)**

ISA\*00\* \*00\* \*14\*996508079 \*14\*132486189

\*131121\*0822\*!00501\*131121802\*1\*T\*:~

**Functional Group (L\_GS)**

GS\*HC\*996508079\*132486189\*20131121\*082252\*131121802\*X\*005010X222A1~

**Transaction 837P (837P)**

ST\*837\*000000001\*005010X222A1~

BHT\*0019\*00\*131121802A\*20131121\*082252\*CH~

**Submitter Name (1000A)**

NM1\*41\*2\*LE88333 FAMILY MENTAL HEALTH SERVICES CLINIC

\*\*\*\*\*46\*996508079~⬅====Submitter's DUNS

PER\*IC\*BILLING DEPARTMENT\*TE\*5554443333~

**Receiver Name (1000B)**

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

**Billing Provider Hierarchical Level (2000A)**

HL\*1\*\*20\*1~

**Billing Provider Name (2010AA)**

NM1\*85\*2\*1234Z FMHSC PGM-LOCATION-Z LE88333\*\*\*\*\*XX\*9926907927~ ⬅====Contracting

**Provider Program NPI**

N3\*305 GRANDE AVE STE 202~

N4\*LOS ANGELES\*CA\*900024160~

REF\*EI\*999916918~

PER\*IC\*BILLING MANAGER\*TE\*5554443333~

**Subscriber Hierarchical Level (2000B)**

HL\*2\*1\*22\*0~

SBR\*P\*18\*\*\*\*\*11~ ⬅====LACDMH is the destination payer, it is Primary

**Subscriber Name (2010BA)**

NM1\*IL\*1\*INDIGENTDOE\*INDIGENTJANE\*\*\*\*MI\*MSO9884330~ ⬅====Client's ID &amp; 'MSO' is required



N3\*972 3RD AVE~  
 N4\*LOS ANGELES\*CA\*90022~  
 DMG\*D8\*19560326\*F~

**Payer Name (2010BB)**

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~ ⚡====LACDMH Payer ID  
 N3\*550 S Vermont Ave~  
 N4\*Los Angeles\*CA\*90012~

**Claim Information (2300)**

CLM\*131121802A-01\*297.6\*\*\*11:B:1\*Y\*A\*Y\*I~  
 HI\*BK:311~

**Rendering Provider Name (2310B)**

NM1\*82\*1\*BRIGHT\*FUTURO\*\*\*\*XX\*1899992078~ ⚡====Performing Provider NPI

**Service Line Number (2400)**

LX\*1~  
 SV1\*HC:T1017:HE:HS:HX\*297.6\*MJ\*120\*\*\*1~ ⚡====MJ for minutes, Procedure code is NOT Medi-Cal Billable  
 DTP\*472\*D8\*20131118~  
 REF\*G1\*P51~ ⚡====Provider Authorization number  
 NTE\*DCP\*01~ ⚡====EBP (Evidence Based Practice) Code

**Transaction 837P (837P)**

SE\*39\*000000001~

**Functional Group (L\_GS)**

GE\*1\*131121802~

**Interchange (L\_ISA)**

IEA\*1\*131121802~

**9.1.3 MEDI-MEDI**

**Interchange (L\_ISA)**

ISA\*00\* \*00\* \*14\*996508079 \*14\*132486189  
 \*131121\*0822\*1\*00501\*131121802\*1\*T\*:~

**Functional Group (L\_GS)**

GS\*HC\*996508079\*132486189\*20131121\*082252\*131121802\*X\*005010X222A1~

**Transaction 837P (837P)**

ST\*837\*000000001\*005010X222A1~  
 BHT\*0019\*00\*131121802A\*20131121\*082252\*CH~

**Submitter Name (1000A)**

NM1\*41\*2\*LE88333 FAMILY MENTAL HEALTH SERVICES CLINIC  
 \*\*\*\*\*46\*996508079~ ⚡====Submitter's DUNS  
 PER\*IC\*BILLING DEPARTMENT\*TE\*5554443333~

**Receiver Name (1000B)**

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

**Billing Provider Hierarchical Level (2000A)**

HL\*1\*\*20\*1~

**Billing Provider Name (2010AA)**

NM1\*85\*2\*1234Z FMHSC PGM-LOCATION-Z LE88333\*\*\*\*\*XX\*9926907927~ ⚡====Contracting  
**Provider Program NPI**  
 N3\*305 GRANDE AVE STE 202~  
 N4\*LOS ANGELES\*CA\*900024160~  
 REF\*EI\*999916918~  
 PER\*IC\*BILLING MANAGER\*TE\*5554443333~

**Subscriber Hierarchical Level (2000B)**

HL\*2\*1\*22\*0~  
 SBR\*S\*18\*\*\*\*\*11~ ⚡====LACDMH is the destination payer, it is Secondary because this is a  
**Medicare, Medi-Cal claim**

**Subscriber Name (2010BA)**

NM1\*IL\*1\*MEDICAREDOE\*MEDICAREJOHN\*\*\*\*MI\*MSO9888400~ ⚡====Client's ID & 'MSO' is  
**required**  
 N3\*11 7TH STREET~  
 N4\*LOS ANGELES\*CA\*90012~  
 DMG\*D8\*19450413\*M~

**Payer Name (2010BB)**

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~ ⚡====LACDMH Payer ID  
 N3\*550 S Vermont Ave~  
 N4\*Los Angeles\*CA\*90012~

**Claim Information (2300)**

CLM\*131121802A-01\*297.6\*\*\*11:B:1\*Y\*A\*Y\*I~  
 HI\*BK:29602~

**Rendering Provider Name (2310B)**

NM1\*82\*1\*BRIGHT\*FUTURO\*\*\*\*XX\*1899992078~ ⚡====Performing Provider NPI

**Other Subscriber Information (2320)**

SBR\*P\*18\*\*\*\*\*MB~ ⚡====Primary Payer is Medicare Part B  
 AMT\*D\*96.6~ ⚡====Payor Amount Paid, amount zero is acceptable  
 OI\*\*\*Y\*\*\*I~

**Other Subscriber Name (2330A)**

NM1\*IL\*1\*MEDICAREDOE\*MEDICAREJOHN\*\*\*\*MI\*12345678A~ ⚡====Client's HIC (Medicare  
**Beneficiary ID)**  
 N3\*11 7TH STREET~  
 N4\*LOS ANGELES\*CA\*90012~

**Other Payer Name (2330B)**

NM1\*PR\*2\*MEDICARE\*\*\*\*\*PI\*01182~ ⚡====Medicare Part B Southern California Payor ID is 01182

**Service Line Number (2400)**

LX\*1~  
 SV1\*HC:90887\*297.6\*MJ\*120\*\*\*1~ ⚡====MJ for minutes  
 DTP\*472\*D8\*20130918~  
 REF\*G1\*P11~ ⚡====Provider Authorization number  
 NTE\*DCP\*01~ ⚡====EBP (Evidence Based Practice) Code

**Line Adjudication Information (2430)**

SVD\*01182\*96.6\*HC:90887\*120~ ⚡====Line Adjudication Information from Medicare Part B  
**Southern California Payor ID 01182**  
 CAS\*CO\*45\*201~ ⚡====Line Adjustment by Medicare Part B Southern California Payor ID 01182

DTP\*573\*D8\*20131030~ ⬅==== Line Check or Remittance Date

**Transaction 837P (837P)**

SE\*39\*000000001~

**Functional Group (L\_GS)**

GE\*1\*131121802~

**Interchange (L\_ISA)**

IEA\*1\*131121802~

**9.1.4 OHC-MEDICAL**

**Interchange (L\_ISA)**

ISA\*00\* \*00\* \*14\*996508079 \*14\*132486189  
\*131121\*0822\*!00501\*131121802\*1\*T\*:~

**Functional Group (L\_GS)**

GS\*HC\*996508079\*132486189\*20131121\*082252\*131121802\*X\*005010X222A1~

**Transaction 837P (837P)**

ST\*837\*000000001\*005010X222A1~  
BHT\*0019\*00\*131121802A\*20131121\*082252\*CH~

**Submitter Name (1000A)**

NM1\*41\*2\*LE88333 FAMILY MENTAL HEALTH SERVICES CLINIC  
\*\*\*\*\*46\*996508079~ ⬅====Submitter's DUNS  
PER\*IC\*BILLING DEPARTMENT\*TE\*5554443333~

**Receiver Name (1000B)**

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

**Billing Provider Hierarchical Level (2000A)**

HL\*1\*\*20\*1~

**Billing Provider Name (2010AA)**

NM1\*85\*2\*1234Z FMHSC PGM-LOCATION-Z LE88333\*\*\*\*\*XX\*9926907927~ ⬅====Contracting  
**Provider Program NPI**  
N3\*305 GRANDE AVE STE 202~  
N4\*LOS ANGELES\*CA\*900024160~  
REF\*EI\*999916918~  
PER\*IC\*BILLING MANAGER\*TE\*5554443333~

**Subscriber Hierarchical Level (2000B)**

HL\*2\*1\*22\*0~  
SBR\*S\*18\*\*\*\*\*11~ ⬅====LACDMH is the destination payer, it is Secondary because this is a  
OHC, Medi-Cal claim

**Subscriber Name (2010BA)**

NM1\*IL\*1\*OHCDOE\*OHCJANE\*\*\*\*\*MI\*MSO9888621~ ⬅====Client's ID & 'MSO' is required  
N3\*311 9TH STREET~  
N4\*LOS ANGELES\*CA\*90012~  
DMG\*D8\*19840721\*F~

**Payer Name (2010BB)**

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~ ⬅====LACDMH Payer ID  
N3\*550 S Vermont Ave~

N4\*Los Angeles\*CA\*90012~

**Claim Information (2300)**

CLM\*131121802A-01\*297.6\*\*\*11:B:1\*Y\*A\*Y\*I~  
HI\*BK:29602~

**Rendering Provider Name (2310B)**

NM1\*82\*1\*BRIGHT\*FUTURO\*\*\*\*XX\*1899992078~ ⚡====Performing Provider NPI

**Other Subscriber Information (2320)**

SBR\*P\*18\*\*\*\*\*CI~ ⚡====Primary Payer is a Commercial Payor  
AMT\*D\*96.6~ ⚡====Payor Amount Paid, amount zero is acceptable  
OI\*\*\*Y\*\*\*I~

**Other Subscriber Name (2330A)**

NM1\*IL\*1\*OHCDOE\*OHCJANE\*\*\*\*MI\*AET633-8~ ⚡====Client's Aetna HMO membership ID  
N3\*311 9TH STREET~  
N4\*LOS ANGELES\*CA\*90012~

**Other Payer Name (2330B)**

NM1\*PR\*2\*Aetna HMO\*\*\*\*PI\*60054~ ⚡====OHC payor is Aetna HMO with Payor ID 60054

**Service Line Number (2400)**

LX\*1~  
SV1\*HC:90887\*297.6\*MJ\*120\*\*\*1~ ⚡====MJ for minutes  
DTP\*472\*D8\*20131018~  
REF\*G1\*P21~ ⚡====Provider Authorization number  
NTE\*DCP\*01~ ⚡====EBP (Evidence Based Practice) Code

**Line Adjudication Information (2430)**

SVD\*60054\*96.6\*HC:90887\*\*120~ ⚡====Line Adjudication Information from Aetna HMO ID 60054  
CAS\*CO\*45\*201~ ⚡====Line Adjustment by Aetna HMO  
DTP\*573\*D8\*20131030~ ⚡====Line Check or Remittance Date

**Transaction 837P (837P)**

SE\*39\*000000001~

**Functional Group (L\_GS)**

GE\*1\*131121802~

**Interchange (L\_ISA)**

IEA\*1\*131121802~

**9.1.5 DAY TREATMENT/MEMBER AUTHORIZATION**

**Interchange (L\_ISA)**

ISA\*00\* \*00\* \*14\*996508079 \*14\*132486189  
\*131121\*0822\*!\*00501\*131121802\*1\*T\*:~

**Functional Group (L\_GS)**

GS\*HC\*996508079\*132486189\*20131121\*082252\*131121802\*X\*005010X222A1~

**Transaction 837P (837P)**

ST\*837\*000000001\*005010X222A1~  
BHT\*0019\*00\*131121802A\*20131121\*082252\*CH~

**Submitter Name (1000A)**

NM1\*41\*2\*LE88333 FAMILY MENTAL HEALTH SERVICES CLINIC  
 \*\*\*\*\*46\*996508079~ ⚡====Submitter's DUNS  
 PER\*IC\*BILLING DEPARTMENT\*TE\*5554443333~

#### Receiver Name (1000B)

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

#### Billing Provider Hierarchical Level (2000A)

HL\*1\*\*20\*1~

#### Billing Provider Name (2010AA)

NM1\*85\*2\*1234Z FMHSC PGM-LOCATION-Z LE88333\*\*\*\*\*XX\*9926907927~ ⚡====Contracting  
 Provider Program NPI  
 N3\*305 GRANDE AVE STE 202~  
 N4\*LOS ANGELES\*CA\*900024160~  
 REF\*EI\*999916918~  
 PER\*IC\*BILLING MANAGER\*TE\*5554443333~

#### Subscriber Hierarchical Level (2000B)

HL\*2\*1\*22\*0~

SBR\*P\*18\*\*\*\*\*11~ ⚡====LACDMH is the destination payer, it is Primary

#### Subscriber Name (2010BA)

NM1\*IL\*1\*DAYTREATDOE\*DAYTREATJANE\*\*\*\*MI\*MSO9778332~ ⚡====Client's ID & 'MSO' is  
 required  
 N3\*656 5TH STREET~  
 N4\*LOS ANGELES\*CA\*90012~  
 DMG\*D8\*19760721\*F~

#### Payer Name (2010BB)

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~ ⚡====LACDMH Payer ID  
 N3\*550 S Vermont Ave~  
 N4\*Los Angeles\*CA\*90012~

#### Claim Information (2300)

CLM\*131121802A-01\*189.33\*\*\*11:B:1\*Y\*A\*Y\*I~  
 HI\*BK:29600~

#### Rendering Provider Name (2310B)

NM1\*82\*1\*BRIGHT\*FUTURO\*\*\*\*XX\*1899992078~ ⚡====Performing Provider NPI

#### Service Line Number (2400)

LX\*1~

SV1\*HC:H2012:HE:TG\*189.33\*UN\*1\*\*\*1~ ⚡====Must use UN for Day Treatment  
 DTP\*472\*D8\*20131101~  
 REF\*G1\*44~ ⚡====Member Authorization number for Day Treatment  
 NTE\*DCP\*01~ ⚡====EBP (Evidence Based Practice) Code

#### Transaction 837P (837P)

SE\*39\*000000001~

#### Functional Group (L\_GS)

GE\*1\*131121802~

#### Interchange (L\_ISA)

IEA\*1\*131121802~

## 9.1.6 FEE-FOR-SERVICE

**Interchange (L\_ISA)**

ISA\*00\* \*00\* \*14\*122869839 \*14\*132486189  
 \*131015\*0822\*!00501\*131028431\*1\*T\*~

**Functional Group (L\_GS)**

GS\*HC\*122869839\*132486189\*20131015\*082252\*131028431\*X\*005010X222A1~

**Transaction 837P (837P)**

ST\*837\*000000001\*005010X222A1~  
 BHT\*0019\*00\*131028431A\*20131015\*082252\*CH~

**Submitter Name (1000A)**

NM1\*41\*2\*JANET SMITH MFT\*\*\*\*\*46\*122869839~ ←===Submitter's DUNS  
 PER\*IC\*BILLING DEPARTMENT\*TE\*5551231234~

**Receiver Name (1000B)**

NM1\*40\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*46\*LACODMH~

**Billing Provider Hierarchical Level (2000A)**

HL\*1\*\*20\*1~

**Billing Provider Name (2010AA)**

NM1\*85\*2\*JANET SMITH OFFICE\*\*\*\*\*XX\*9998825769~ ←===FFS Billing Provider NPI  
 N3\*42 ATHER STREET~  
 N4\*Long Beach\*CA\*908159998~  
 REF\*EI\*951234569~  
 PER\*IC\*BILLING MANAGER\*TE\*5551231234~

**Subscriber Hierarchical Level (2000B)**

HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*11~ ←===LACDMH is the destination payer, it is Primary

**Subscriber Name (2010BA)**

NM1\*IL\*1\*FFSDOE\*FFSJOHN\*\*\*\*MI\*MSO9999159~ ←===Client's ID & 'MSO' is required  
 N3\*1 FIRST STREET~  
 N4\*LOS ANGELES\*CA\*90012~  
 DMG\*D8\*19300101\*M~

**Payer Name (2010BB)**

NM1\*PR\*2\*LAC DEPARTMENT OF MENTAL HEALTH\*\*\*\*\*PI\*953893470~ ←===LACDMH Payer ID  
 N3\*550 S Vermont Ave~  
 N4\*Los Angeles\*CA\*90012~

**Claim Information (2300)**

CLM\*131028431A-01\*71\*\*\*11:B:1\*Y\*A\*Y\*Y~  
 HI\*BK:311~

**Rendering Provider Name (2310B)**

NM1\*82\*1\*SMITH\*JANET\*\*\*\*XX\*9908825766~ ←===FFS Performing Provider NPI

**Service Line Number (2400)**

LX\*1~  
 SV1\*HC:90847\*71\*MJ\*60\*\*\*1~ ←===MJ for minutes  
 DTP\*472\*D8\*20130718~  
 REF\*G1\*F13~ ←===Funding Source Authorization number for FFS clients  
 NTE\*DCP\*01~ ←===EBP (Evidence Based Practice) Code

**Transaction 837P (837P)****SE\*29\*000000001~****Functional Group (L\_GS)****GE\*1\*131028431~****Interchange (L\_ISA)****IEA\*1\*131028431~**